

YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

Physical Therapy Project

Personal Experience

O. H. 323

ELIZABETH LANCTOT

Interviewed

by

Bernice Mercer

on

October 29, 1975

YOUNGSTOWN STATE UNIVERSITY

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INTERVIEWEE: ELIZABETH LANCTOT
INTERVIEWER: Bernice Mercer
SUBJECT: Physical Therapy, Rotary Club, Easter Seal
DATE: October 29, 1975

M: This is an interview with Elizabeth Lanctot of 43 Venloe Drive, Poland, Ohio, by Bernice Mercer for the Oral History Program for Youngstown State University on October 29, 1975, at 2:30 p.m.

I remember that the thing we were going to start with was your memories of your home, your home life and your school life.

L: I was born and brought up in Buffalo, New York. I became very interested in the person who had a disability because my mother attended Cornell University and had studied courses in kindergarten work. Then as far as her practical work she went to Wholehouse in Chicago. I can remember my mother telling me all of these wonderful stories and interest that she had in children. I think that she really influenced me in being interested in children. In fact, she wanted me to be a kindergarten teacher. I would love to have done that, but I was very interested in the medical side of children and that is how I started.

M: Your elementary school and high school came in buffalo?

L: Yes, my family lived there for generations and then I went to a private school in Buffalo called the Buffalo Seminary. My grand-niece is going there this year, she is the fourth generation to attend the Buffalo Seminary. We think that is quite nice.

M: That's why, your family was there so long that you exercised your name?

L: Yes. It has been a long, long time. They have been

there for generations.

M: People refused to let you Anglosize your name?

L: No, it is Anglosized.

M: It is?

L: It's Lanctot.

M: So I have it right?

L: I wanted it American.

M: At long last you have it correct.

L: It has been in Buffalo for years, but when I came to Bennett School, Mr. Sexon thought the children would be able to understand it easier if they said Lanc-tot.

M: After high school, was there anything in your grade school or high school that interested you especially in physical therapy?

L: Physical education, I was very interested in sports. I did a lot of swimming and played a lot of tennis. I love sports. In the Seminary we had a great many individual sports, which is the only advantage I can think of going to a private school. I think I became interested in that, and when I went to college I majored in physical education. When I went to Connecticut College in London, Connecticut, I received my B.S. Degree in physical education and taught physical education in Waterbury, Connecticut, and in Kenosha, Wisconsin.

M: At that time girls were in basketball?

L: Yes. We had hockey teams, basketball teams, tennis, swimming, and horseback riding.

M: Again today we're getting back to that.

L: Yes. I think it is very important. I think it is a shame that it had been lost. I think that schools should all have physical education teachers for the health of the child, not only for the physical development, but I think the nutritional development that physical education teachers have, their knowledge, finding disabilities of children, the spinal curvatures and flat feet. That was why I really became interested in physical therapy. In teaching physical education I realized there were so many children who did not have the proper alignment of their bodies.

M: You would see this as a physical director? You would see it because they were handicapped?

L: No.

M: In the sports you would find children who should have had more . . .

L: They perhaps could not participate or they have excuses from the doctor because of this ailment or that. I used to give them posture tests. I was very interested in posture. I would find these abnormal developments of the spine and the feet and so forth. I really became very interested in the person who had these deformities, if you want to call them that. Of course, this type didn't show.

M: No, but it amounts almost to that.

L: What I wanted to do was to go to school and get my masters in physical education and have charge of all the children in the high schools and discover all of these abnormalities and see that they were all referred to physicians.

M: You had your college where?

L: Connecticut College for Women, New London, Connecticut.

M: It included lots of anatomy?

L: Yes.

M: It was almost like a premed?

L: No. It was the foundation for physical education. We had anatomy, but we did not have dissection as we did for physical therapy. We just had anatomy, pathology, chemistry, all types of science because we received a B.S. Degree in physical education. We got a B.S. in physical education, but majored in physical education and minored in science.

M: Then you went straight to work?

L: I went to work teaching physical education in Waterbury, Connecticut. I taught six years at Kenosha, Wisconsin, physical education in a private school.

M: How did this come about?

L: Because I became so interested in the child with these disabilities, which would not in any way deform him, but the child who could not participate the way the others could. I wanted to get my masters in physical education

and then go into a high school, but there were no such courses. There was no such thing as getting a masters in physical education and doing this specialized type of work. Therefore, I decided that the only thing to do was to go into physical therapy and perhaps from there I could get a position in school. I went to Harvard Medical School, Cambridge, and took the premed course with all the premed students, but our headquarters was at the children's hospital in Boston.

M: This was what year?

L: It was 1939.

M: The Depression had affected you somewhat?

L: Entirely. My father, as everyone else, had lost absolutely everything. I had saved a little money when I was teaching, in fact, I had saved quite a bit of money. I did wait on tables for my board and room in Boston, which was quite an experience. I was in a very lovely home with a lovely woman who took the students as boarders.

M: Boston was where you got similar to premed?

L: A physical therapy certificate.

M: Yes.

L: We did take all of our courses and our graduate work was at Harvard Medical School with premed students at Harvard. Our headquarters were at the children's hospital because I was only interested in working with children. Nowadays in your physical therapy courses everywhere it is a general physical therapy course which includes adults. When I went you could choose and I chose just children's work.

M: When you finished that what type of work were you then looking for?

L: Then I was looking for a job to go into a high school to have charge of the children who have these functional disabilities. There was no such job.

M: Far from having them in the elementary schools, they didn't even have any there.

L: They had physical education teachers, but I wanted a specialized type of thing that I had been trained with children. I decided that I had better go into straight physical therapy and I'm very glad I did.

M: These jobs did not exist at the time so this made you the pioneer?

- L: Yes, but I didn't succeed in it because they wouldn't consider it. There was no board of education that would even consider such a thing. It would be expensive, it would be a very specialized type of work so when I was offered this job in Dayton, Ohio, at the crippled children's school, that's where I went, from Boston to Dayton, Ohio.
- M: Was this connected with the public school?
- L: Just exactly like it is here, the only thing is that the school itself was all for crippled children. It was a separate school entirely, but it was run by the public school system. It was separate entirely from any other regular school. One of the things I liked so much about Bennett School was the fact they were in with normal children. They had their own classes, but they saw normal children and were with them. I think it's much better.
- M: They don't build a world of their own.
- L: Exactly, they were too isolated from the normal child, they were with crippled children all of the time. It was a fine school, an excellent school.
- M: The setup of the school in Dayton, how was it supervised, who was principal, how was it run?
- L: I don't remember the principal's name, it was a long time ago. It was run exactly like Bennett School is run except there were only crippled children there.
- M: You mentioned a woman that worked with you?
- L: When I went to Dayton, Ohio, she had been there for four years. I was her assistant. Miss Ester Hutchinson probably made more of an impression on physical therapy, children's physical therapy, than anyone who has ever been in the state of Ohio. She and I worked together. She was a senior physical therapist and I was a junior physical therapist. After I had been there for two years she was asked to be the supervisor of physical therapy in the state department of special education in Columbus. It was a great honor and a great promotion for her. She went to Columbus and I stayed in Dayton for two more years until she asked me to come up here to Youngstown to sell physical therapy to the public school system. She knew that I liked challenges and she thought it would be a very interesting challenge, and it has been.
- M: This field of special education, had there probably been work for the blind before that?
- L: Yes, they had a supervisor for the blind, for the mentally

retarded, for the speech and hearing. They had supervisors for everything but physical therapy. This was a long time ago and physical therapy had just come into its own. Ohio was the first state to have a school - for physically handicapped children; other states sent them to institutions to be treated or they had a treatment center where they went for physical therapy, speech therapy, and occupational therapy. They did not have a school, so that is why I chose Ohio and still have such a great, great love for Ohio because of this. They were the pioneers.

M: This is a very nice thing to know about our state. After Dayton, the fact that you had a friend who was pioneering . . .

L: She was a supervisor. She had worked with me so that she knew the type of physical therapist I was.

M: She was a pioneer of physical therapy also.

L: Right.

M: Then you got to be the second pioneer?

L: If you want to call it that, but we were the second pioneers particularly in the work with cerebral palsy children. Perhaps you would like to know about the Rotary Club?

M: Yes, in a minute. Since we have mentioned cerebral palsy and a lot of people don't quite understand what exactly cerebral palsy amounts to . . .

L: They used to say there were seven cerebral palsy children in every hundred thousand population. Seven were born with this particular problem. It is a deformity to the brain before birth, during birth, or after birth, which affects the muscles. Because of the brain damage the areas in the brain that controlled your muscles have been damaged. Those children were never cured, but they were helped, I hope, a great deal by physical therapy. Some were and some weren't. There were very, very few children who had brain damage through accidents or injury, it was mostly birth defects before, during, or after birth.

M: There is a vast difference in the degree.

L: A terrific difference, from the very mild to the very, very severe.

M: The ordinary person that sees these people, how do they appear?

L: It would depend entirely on the severity of the case. You might see a child that had a hand involvement, whose hand was much smaller than the other one. He could not use that hand the way anybody else could use their hand. Or you would see a child who walked with a scissors gate, or a child who had no control over his muscles at all and no balance. In fact, many cerebral palsy people have been arrested for drunkenness because of this. They walk with an unsteady gate.

M: It also affects their speech?

L: It could affect their speech. In fact, we have children from normal speech to no speech at all and all in between. And it affects eyesight, hearing, mental ability; there are many, many degrees so it's difficult.

I wanted to explain to you that Miss Hutchinson had talked the Rotary Club into hiring a physical therapist who would sell the Board of Education on physical therapy. Therefore, I was hired to come up here. I was paid by the board of education, but I worked at Bennett School. I worked Monday, Wednesday, and Friday at that school and I worked Tuesdays and Thursdays in Warren with the crippled children in a school up there. I worked Saturdays at the Rotary Home. The Rotary Home is on Warner Street. It was a convalescent home for physically handicapped children after surgery or a child who had no home to go to if he was severely handicapped. The Rotary Club supported this.

M: This was in Youngstown?

L: Yes, on Warner Street. You wouldn't know it, the house has been torn down a long time.

M: This wasn't Easter Seal?

L: No, Easter wasn't even developed yet.

M: Rotary has been in this from the very beginning?

L: The Rotary Club ran and paid all the expenses for this convalescent home; it was called the Rotary Club Convalescent Home. The Rotary Club hired me as a physical therapist, and I worked there one day a week. Miss Hutchinson was anxious to have the physical therapy in the schools, but they paid my salary. The first year I was there the Rotary Club paid my salary, but I worked for the Board of Education.

M: Do you remember any of the members of the board?

L: Two I will never forget, Mr. Roy Hartzell and Mr. Robert

Nelson were the two Rotarians who really got Easter Seals started, the preschool program started.

M: Were they also on the board of education?

L: No, they were just Rotarians. The superintendent was Dr. Bowman. The first year I was here Dr. Bowman was superintendent. The next year he left to become president of Kent State. Mr. Bunn was here the rest of the time I was here. He was the one that really accepted physical therapy to the schools after a great selling job by the physical therapist, demonstrations, and so forth.

M: Your members of the Board of Education weren't involved in it?

L: They weren't at all the first year.

M: They were standing, waiting for you to produce?

L: Exactly, they were waiting for me to sell it. They felt it was a great expense, not only for a physical therapist, but the equipment and establishing it.

M: How did you feel about the challenges the first year?

L: That first year Miss Hutchinson and I were starting children at six years of age because that was the legal school age that a child attended school. We both realized that for the physically handicapped child, particularly the cerebral palsy child, it was too late to start physical therapy.

M: Did you realize that before you tried it or after you began?

L: After we started, that first year up here at Bennett School. It was too late for the cerebral palsy child. Miss Hutchinson and I were especially interested in the cerebral palsy child. The next summer the Rotary Club sent me to the John's Hopkins Hospital to take cerebral palsy work under Dr. Winthrop Phelps, who was the finest specialist in the world in cerebral palsy. They paid my way that first summer. Then, after I took that course, Miss Hutchinson talked the state department of special education into having a special experimental unit up here in the Rotary Home.

M: Before we go into that, would you please describe what special equipment is needed to work with these kids?

L: That's very important, but this comes first. We had it at the Rotary Home. The Rotary Home had been closed

at that time and the Rotary Club said that we could use the home for this experimental unit. Miss Hutchinson went all over the state and got twelve cerebral palsy children to come to the Rotary Home to live. It was a four year experiment. We started them at six years of age. The first year we kept a great deal of notes and so forth and we had all types of equipment; standing tables, special chairs, special wheelchairs, a special teacher, special pencils. Everything had to be special for the child.

M: A special pencil has a big, soft head.

L: Yes. Some of them had to be strapped on the hand. We had special cups, special silver, special plates, everything to teach these children.

M: What would be special, they won't break?

L: They won't break, they have to be clamped down to the table because an apatoid who had no control over his arms could not eat unless he had the plate steadied on the table. The spoon could be clamped on their hand if they were this severe. We took the most severe, we took the child who could not walk, could not talk, and could not use his hands because this was an experimental unit run by the state.

M: A standing table, the child simply can't sit and support himself as at a desk?

L: That's right. You're training the child to stand, but if he can't stand you have to train him by tying him in. We would tie them in these standing tables. We would strap them in these chairs because they had no balance due to the injury. To teach a child to do this type of thing, they had to do it all of the time so that the autonomic nervous system could work.

M: These children were away from their homes?

L: They were twelve special children from all over the state. We only wanted twelve and it was an excellent setup. The State Department of Special Education paid for it. The Rotary Club just gave the home. They had it here in Youngstown instead of any other city because I was a physical therapist who had studied cerebral palsy work at John's Hopkins.

M: On thinking about this one year that you had a double job, you had to sell the Board of Education on the whole thing at the same time that you were realizing that it was too late?

- L: This is why we started the special experimental unit.
- M: You were discovering that you couldn't make as many changes as you would like to see because it was too late. At the same time you were supposedly having to produce enough so that the Board of Education would go on with this. I think you said that it was Mr. Bowman that could see . . .
- L: No. He had gone by this time.
- M: Was it Dr. Bunn?
- L: Yes. He and the Board came out and we put on a demonstration. The Rotary Club was selling it. The Rotary Club and the Board of Education always have had a very close tie. They respect each other a great deal. Of course, Mr. Bunn was a Rotarian. I would put on demonstrations and write reams of reports for each child to see how they had improved.
- M: I'm thinking about what these demonstrations would be like.
- L: I would take a child and first I would show the exercises that were done to improve the child's musculature. I would show the standing tables, how they learned to stand. I would show the eating equipment, how we taught them to eat out of special cups, the exercises for the hand.
- At that time we did not have a speech therapist for the cerebral palsy children. I had speech therapy, but not for cerebral palsy children. The speech therapist would also demonstrate what the speech therapist could do and the physical therapist would demonstrate in exercises.
- We had muscle charts. You can only stand if you have good hip muscles. We would show them how in the very beginning this child could not lift his legs, for instance, off of the table. If he was lying flat on the table he could not lift his leg off of the table. Eventually, after physical therapy, after treatment, the child could, perhaps, very well or very little stand. At least it was some improvement. We took all of the ones that did improve because we were selling it. We wanted physical therapy, we thought it was the most important thing in the world for physically handicapped children.
- M: A good many times there is an influential person who has in their family or in their close relationship or friendship a person who is involved that especially pushes it.

In this case you didn't have a person like this?

L: We had wonderful Rotarians, but it was because they were interested in the physically handicapped child. The Rotary Club here in Youngstown has always had that as one of their main interests. Before that physical therapy they took them to the fair, they paid for braces and wheelchairs. They have always been interested. The change wasn't very great. This was just an added treatment to improve them.

M: They could see from having worked with this sort of thing before that this was an improvement?

L: Yes.

M: At this point you were in this special school, the four year experiment?

L: This was probably the thing that was the most important because Miss Hutchinson and I wrote a book after it was all over. This little book has been translated into five different languages and it has gone all over the world. It's just a little pamphlet about physical therapy for the cerebral palsy child. That was the first book that had ever been written about it.

M: Is there a copy of it in the library now?

L: No. There was, I don't know if there is now. I'll show it to you later. The Ohio Society for Crippled Children published it. Miss Hutchinson did most of the writing and I did most of the experimental work that went into the book. We gave it to the Ohio Society for Crippled Children. They had it printed. There were about eight thousand copies made. It was the first material.

M: The focus of that would be on professional people?

L: Yes, definitely, to the physical therapist who had not had the experiences that we had had in the cerebral palsy child.

M: Something like that should be done in a wider range for family, wouldn't you think?

L: We did eventually. This was the very beginning and then it gradually grew until the Ohio Society for Crippled Children had pamphlet after pamphlet. Each year they would have more and more pamphlets about the physically handicapped child, the cerebral palsy child, the importance of the parent education.

M: The main focus was on the cerebral palsy?

- L: The experimental unit was for cerebral palsy because they knew about muscular distrophy, multiple sclerosis, and spinal bifida. All the other tragedies of youth were known and had been treated because they were mostly medically oriented. Cerebral palsy was not medically oriented because it had happened at birth and there was nothing to do but improve them if they could be. From the time they were born until they practically reached middle age, there was a continuous treatment because of the type of brain damage. These other terrible things that happened, physical therapy is very important, but we knew about those things. Cerebral palsy had been neglected, not neglected, but people weren't interested. The doctors didn't know what to do with them because there was nothing a doctor could do as far as treatment. He could advise braces and so forth, which was fine, but the actual day by day living with that child at home was the important thing. That's why we started an experimental unit, so that we could learn about it and then pass our learning on to the medical profession and to the parents.
- M: Do you remember how many employees were at your first . . .
- L: At the Rotary Home?
- M: Yes.
- L: Yes. Mrs. Robinson was the head of it. She was the nurse in charge. I think there were seven or eight nurses, and orderlies, people to carry the children. It was a big staff.
- M: Cooks and housekeepers?
- L: Yes.
- M: How many teachers?
- L: There was one teacher in the beginning for the twelve. The ones that came had had no education at all so this one teacher was able to start them as you would a child first going to school.
- M: This was a four year experiment?
- L: It was a four year experiment and each year we had different children. The last year we finally got what we wanted, we got the little ones. We could see the difference in getting a child when he was a year old than when he was six. That's why we started the pre-school. After this was over in four years we learned all this with notes and records and studies. We just went through a terrific amount of work.

M: This was just your Saturdays?

L: No. The first year I came I worked just Saturdays at the convalescent home which had nothing to do with this experimental unit. When the experimental unit was here, I gave up the Warren job and worked Tuesdays, Thursdays, and Saturdays at the Rotary Club.

M: Six days a week the whole time?

L: Yes, that was nothing in my generation. We thought nothing of it, that was what you wanted to do.

M: You don't happen to remember what your early jobs paid do you?

L: It seemed to me that when I came here my salary was \$2000 for six days a week. (Laughter) It was, I remember that very well. The job that I had before I taught physical therapy, when I taught physical education, I think I got \$1500. I was very pleased that I had gotten a raise. It ended up at \$14 thousand, so that's pretty good. (Laughter)

M: This work with experimentation was simultaneous with your work at Bennett?

L: Right. I went there Mondays, Wednesdays, and Fridays with the school-age children who came to Bennett under the public school system. The experimental unit had nothing to do with the Board of Education in Youngstown. It was the special education department in Columbus that was paying the bill.

M: At this time Bennett was derived from not only Mahoning County, but from other places?

L: No, just Youngstown at first. Eventually as it was taken over and they had physical therapy we got them from Trumbull County and so forth. I think what you're thinking about is what I told you about the other day. After their experimental unit closed then we started the preschool cerebral palsy program in the same little house, but then the Rotarians took it back and paid my salary for the two days a week and paid for all the equipment. These were all children under six. That's when the Rotary Club started the preschool cerebral palsy unit paid all by them. I was the physical therapist and the director.

M: When you think about supplies, the persons all have to be sized . . .

L: At first we had nothing, we had to do it ourselves. We

would have the fathers turn an old chair into a chair that would fit their particular child because it was all so completely individual. Each child had to have a different chair and a different standing table. It was all a very individualistic thing until one of the fathers, Mr. Bailey, decided to go into the business of making furniture and he is still making it. All over the country he is building. He started here in Youngstown. His own child attended the experimental unit. He was so interested in all of this equipment that he started his own manufacturing company. Now it's all over the United States.

M: It only takes somebody who knows where he is driving at, what he needs. How about these braces and all of these things, they have to be changed for sizes all of the time too?

L: When I first came to Youngstown the state paid for many of the handicapped children's braces. They came from the State Department. The parents and doctor had to sign something. This was only for a child six or over.

M: These braces were made by doctors or under the direction of doctors?

L: They were only made by a specialist. For ten years when I first came here we had no brace man. I had met Mr. Crowley, who lived in Akron, who had a brace shop in Akron, and went over to Akron and asked him if he would come over here to Youngstown to fit braces. With his cooperation the orthopedic men were very pleased. The brace man from Cleveland would come down once a week to Youngstown and he would do all the measuring and the making of braces under the orthopedics. No brace is made unless an orthopedic man okays it. We couldn't take so many of these children over to the hospital so we wanted him to come right to the school or to the preschool Rotary Club or to the experimental unit and he would come there. Now we have our own brace man in Youngstown, Mr. Oscar Riffle. He has a shop right here in Youngstown and is excellent. That was all experimental, too. We got all that started years ago.

M: As the child grows he has to have different braces?

L: Yes, they have to have new braces entirely. You have them changed depending on the improvement. That in itself is a whole two-hour discussion.

M: Some of the braces envelope the whole child almost?

L: It depends. Some children will never need braces and some children will always have braces all of their lives.

It depends completely upon the individual.

M: Are there arm braces?

L: Arm braces, neck braces, feet braces, knee braces, there is every type of brace. It's all an individual thing recommended by the orthopedic man with the suggestions of the physical therapist to what type of braces are used by the children. I don't know anything about adult braces, I only work with children.

M: The four years of experimental was then in the late 1940's?

L: Early 1950's.

M: You knew now what you felt should be done?

L: Miss Hutchinson and I had this because we felt that we would have to know when you should start treating a cerebral palsy child. We were very emphatic about this and we were right, that you must start a cerebral palsy child as soon as it is diagnosed. That's when the Rotary Club let me start a preschool parent education cerebral palsy program in the same place that the experimental unit was held, at the Rotary Home on Warner Street. That's when Mr. Roy Hartzell and Mr. Robert Nelson cooperated one hundred percent and talked the Rotary Club into starting this program.

M: They needed a publicity program to reach the parents?

L: The doctors, you had to reach the doctors. We would only take them out of the doctors. A doctor had to refer them to our unit.

M: A doctor diagnosed it?

L: The doctor, a pediatrician, would be the only one that would see a six-month-old baby or even a year old baby. It would be the pediatrician or the family doctor. If either of those felt that there was something that was not quite normal about this particular child they would refer them to me at the preschool cerebral palsy program. I would discuss it with the family, I would examine the child, we would talk to the doctors and then we would set up a treatment program for the parents and the child.

M: That would consist of periodic visits to you?

L: It would consist mostly of coming to the preschool program. I, as the physical therapist, would show the mother all the different types of exercises, sitting positions, and

care, and then I would go to that home. I would go into the mother and father's home and I would meet the family. I would see how this child was adjusting and how the parents were adjusting to this child in the home, which to me was the most important thing. The mother and the father adjusting to their physically handicapped child was terribly important. The child was adjusting, any child adjusts. The mother and father, that was the sad thing, that was the tragic thing really, was this knowledge that they have a handicapped child. Our aim was to show the parents . . . I say parents, because I always try to bring the father into it, too. It was his responsibility as well. I think if we did anything, it was to help the parents adjust to having a handicapped child and what to do.

M: For them any improvement at all was just terrific.

L: That's right, any improvement. I'm sure we all know how sad it is to have a doctor say your child is not normal. There is nothing more tragic.

M: Can you remember how many patients you had?

L: I can remember too well because we received so many calls and applications to attend this preschool cerebral palsy parent education program. The last time I had 75 patients from all over. I was working there three days a week only.

M: All over Mahoning County?

L: Mahoning County, Trumbull County, and Ashtabula County, and I had some from Pennsylvania. That's how Mrs. Wolfe came into the picture, my assistant. She brought her child over from Pennsylvania for treatment. Roxy, at that time, was five years old. She was such a lovely person I asked her if she would like to work for me. She and her husband moved here to Youngstown and she worked for me for twenty-five years. Her daughter attended the experimental unit at the Rotary Home. That is how I met my dear friend and helper Mrs. Wolfe, Nancy Wolfe.

M: Through this period I try to picture all of these people having braces, furniture at their home as well as . . .

L: Only at their home there was no furniture there. We had no furniture there because the mothers came in with the child for me to explain the exercises, what kind of furniture, how to feed the child, how to care for the child. The important thing was going to that home and getting the furniture in the home. That's when the Rotary Club paid for all of this furniture. The father would make some of the furniture. We could buy it, but there was no place to buy it.

- M: There was not something like this produced?
- L: No. Eventually. It's a great business now, furniture for handicaps. At that time there was no one.
- M: Were a good many of these children in wheelchairs?
- L: None of them were in wheelchairs because they were little, they were babies. You never put a child in a wheelchair until the child got so heavy that the mother couldn't handle him. A cerebral palsy child was never put in a wheelchair, not as a baby. These are the little children that were diagnosed. When a child became school age and was crippled there was no place to send him. They didn't know what the problem was.
- M: After it got to this point you had 75 patients. What were you able to do about this?
- L: You didn't go into the home every week. Maybe you would go into a home once a month. Let's take an example. Mrs. Smith would come in with her year old cerebral palsy child and maybe she would be with me an hour. We would go over all of the exercises. I would take the history of the child, the birth history, all of this type of thing. Then Mrs. Smith would come back the next week and we would go over some of the same things. Then the next week I would go to the home, Mrs. Smith's home. Then I wouldn't see her for maybe three weeks because she would be doing all of these things.
- M: All of this can give some hope that the child may improve, he isn't going to get worse?
- L: We hoped he would improve. That's what we've worked for. I've wasted my life if they haven't all improved a little bit.
- M: To a family with a cerebral palsy child a little bit is terrific?
- L: It depends on the parents.
- M: If most people can see a little improvement it's great. Then there are people that don't have this kind of hope.
- L: There are many of us who face reality. I think one of the most difficult parts of my job was when the parents always said to me, "Will my child be able to go to regular school, will he ever be normal?" This is what every parent wanted to know, and of course, a cerebral palsy child is never normal physically. He improves.

I was talking about Joey Naples, who had absolutely no

use of his arms or legs or speech. I taught him to type by tying a band around his head and putting a pencil on his forehead. He learned to type that way, with his head. He also graduated from high school. A teacher would come to his home and that was the way that he showed what he knew, he would type with his head.

M: What about the girl whose parents didn't want her to drive?

L: One of the first patients I had in Warren was Dorothy. She was five years old at the time and simply a darling spastic child. About four years ago, which would make her 28, she called me and asked me if I would help her influence her parents to allow her to learn to drive. It means a special type of car to get your license, but finally they were talked into it and she has her own car, a job, and she's a very happy person because she is leading a normal life. She is able to go and come as she pleases.

M: Cerebral palsy was your focus, but then you treated all types of cripples?

L: Any child who was sent to Bennett School. We had spinal bifidas . . .

M: What's that?

L: Spinal bifida is a child who is born with a spinal cord that has an opening in it. There is an opening in the spinal cord so that the lower part of the child's body would be paralyzed.

M: There's no traffic up and down, it's just a block?

L: The nerves are blocked.

M: You mentioned that as one of the things, what else?

L: Muscular distrophy. We had so many cerebral palsies that the others were the minority.

M: When you went to a home of a muscular distrophy child . . .

L: I never went to the home of a muscular distrophy child.

M: That was a separate program?

L: No, it wasn't a separate program at all. You would go to their home only to meet their parents to see if there was any help. Physical therapy was really not indicated in muscular distrophy because you knew the child was going to get worse whatever you did. My feeling was that bracing helped. We would keep a child on his feet by

bracing him. An orthopedic doctor would brace this child because the muscles would atrophy. As far as straight physical therapy exercises, that really didn't do very much good. They were in wheelchairs usually by the time they were ten or eleven.

M: Did you tell me about one family especially that did so well by their boys?

L: Yes, the Batullo's. The Batullo brothers went to Bennett School and they were a wonderful family and wonderful boys. They knew the situation, they were both in wheelchairs. They were very helpless. They could feed themselves until the very end. Their father built a ramp in their home and bought them electric wheelchairs. They had enough strength in their fingers to be able to manipulate the electrical parts on the wheelchairs. That's not physical therapy, that's parents and orthopedics.

M: The thing that a parent faces when he has a muscular dystrophy child is entirely different. There is not any hope at all?

L: With a cerebral palsy child there is the chance and the hope that he will improve, that's true. Muscular dystrophy is a deteriorative disease, degenerative disease.

M: So far we haven't brought up the matter of the Easter Seals Center. This is very important to everybody because it has grown so much and people know about it. I didn't know anything about it so I went down there so that I wouldn't be so ignorant.

L: I've been talking to you a great deal about the preschool cerebral palsy parent education program which the Rotary Club began. I was the director and the physical therapist for at least twelve years until the load became so heavy. The expense was so great with the furniture that the Rotary Club, Mr. Roy Hartzell and the Rotary Club, felt that this was the time to give this setup which we had completely organized and had going, to the Ohio Society for Crippled children, which in turn turned it over to the Mahoning County Society for Crippled Children. It was established because of the preschool cerebral palsy program. It was a continuation of the same program only it was taken over by the Mahoning County Society for Crippled Children Incorporated, they incorporated it. Mr. Hartzell was the first president of it. They received money from Easter Seals so that the Rotary Club was not responsible any more for the terrific expense of the program that we had developed.

M: Money is raised by Easter Seals from the stamps that go

- out and the contributions. There was money from the Crippled Children's Organization and money from the Easter Seals?
- L: The Ohio Society for Crippled Children is a society which encompasses the whole state of Ohio. Each county has their society. The Ohio Society for Crippled Children is the parent organization. You have Mahoning County Society for Crippled Children, and Franklin County Society for Crippled Children; each county has their own society for crippled children, but the parent society is the Ohio Society for Crippled Children, who have their offices in Columbus.
- M: Do some of the funds come from there?
- L: Yes. Usually each county raises their own, also. Mahoning County raises money and gives more than half of it to the Ohio Society for Crippled Children.
- M: And then there is the Easter Seals which adds to this.
- L: The Easter Seals is the way we get the money. That's the only way we get money.
- M: I thought it was a separate thing?
- L: It's the same thing, exactly. Easter Seal was started about twelve years ago.
- M: At that time there was a good deal of funds coming from the people themselves or did it all come from the Rotary?
- L: It all came from the Rotary.
- M: The parents didn't pay?
- L: The parents paid if they could. We set the fee at one dollar at first, and then we set it at \$1.50 a visit. Half of the people never paid because they couldn't. The Rotary Club supplied my salary for the three days a week, the Rotary Home, the equipment, the furniture, and braces if necessary. The Rotary Club did this until the whole setup, after twelve years, was turned over to the parent society, which incorporated the Mahoning Society, which is the same thing as Easter Seals.
- M: You continued there?
- L: Yes. After it was incorporated we had to move to Madison Avenue. I was still the director and the physical therapist. We had speech therapy and occupational

therapy. Then it was incorporated into the Mahoning County Society for Crippled Children. They hired a director because I did not want to do it anymore, I wanted to just do physical therapy.

M: It was such an overload?

L: It was a load, but I enjoyed it.

M: Still six days a week? You had three days at Bennett?

L: And two days at Easter Seals.

M: You had finally gotten down to five days?

L: Five days finally, but in the summer we would have the preschool cerebral palsy program run by the Rotary and I would also have permission to have a nursery summer school at Bennett School. They still paid the expenses. We would have a summer school and Milt Parker drove the children to Bennett School in the summer. These were all the little children under six. We would have a summer school every summer for six weeks. We would have treatment. We would have a teacher; Carmel Emelo was the teacher for the preschool children in the summer time. This was all done until the Mahoning County Society for Crippled Children or Easter Seal [took over].

Easter Seals are the seals that are sent out to get money for the Mahoning County Society for Crippled Children and Adults. It's really supposed to be Mahoning County Society for Children and Adults now; that's what it is called. They get their money through selling Easter Seals. They're called the Easter Seal Society, but it's the same thing. A lot of people are confused. They think they're two separate organizations. It's all the same except they get their money from Easter Seal. It is called Easter Seal, but it's really the Mahoning County Society for Crippled Children and Adults.

I worked as a physical therapist and hired occupational therapists and speech therapists and moved to a house on Madison Avenue. The board of directors and the director decided that they needed a new building to house the Mahoning County Society for Crippled Children. They wanted to expand into adults, also. All these years I only treated children. I might work in the hospital in the summertime, which I did many times, but this was after I left the Mahoning County Society for Crippled Children and went to Bennett School full time.

Mr. Bunn wanted a full-time therapist. He felt there was so much work at Bennett School, I did too. Under

the circumstances I felt it was better to work at Bennett full time.

M: Among all the things that we have talked about is there something that stands out that you would like to talk about to finish this interview?

L: Yes. I think that so many people say to me, "Elizabeth, why do you stay in Youngstown? Why would you stay in Youngstown like this?" I stayed because I can't believe that anyone could have had the cooperation that I had from the Rotary Club to establish all of this. Remember, this was my idea, but they went along. Without them I could have done nothing. I don't think anyplace would have cooperated like they did here in Youngstown. I had the most wonderful people to work with, particularly the Rotary Club and particularly Bob Nelson, Roy Hartzell, Mr. Manchester, who was president of the Rotary. He is now the international Rotary president. He was president of the Youngstown Rotary when I first came here thirty years ago. That was why I stayed, they gave me everything I wanted for the children.

M: This entire thing makes us feel pretty good about Youngstown.

L: Mr. Christopher, who was the supervisor of special education, couldn't have been more cooperative. Mr. Nicholas Honda was then the supervisor; I've always had such wonderful cooperation. Mr. Fred Sexton, the principal of Bennett School, nothing we asked for we didn't get. I don't know how many physical therapists could say that. It wasn't because of me, it was because they were the type of people they were. They were interested in the handicapped. They were interested in doing something for other people.

M: This all pleases me to no end because when you have people saying the educators have let us down, they have really misunderstood the history of Youngstown. I'm pleased to have your cooperation, Miss Lanctot. Thank you very much.

L: Thank you, Bernice. I'm very flattered that you asked me.

END OF INTERVIEW